

# *2 MINUTE PEARLS*

## Prompt Function

- Tired of having to search for the correct MEDCIN terms for your note? Don't have a good template for a particular visit?
- DX Prompt doesn't provide the terms you need?
- Use Prompt function to have appropriate terms appear in the HPI, ROS, PMH, and PE based on the patient's symptoms (unlike the DX Prompt which uses a diagnosis based search)
- Use List Size (3 levels) to filter the number of terms from which to choose. List Size 1 generates smallest number of related terms and those that are most relevant, whereas List Size 3 generates the greatest number of related terms.
- An excellent tool for clinic support staff to use as "reminders" when documenting the reason for a patient's visit.

STACKLE, MARK E: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO)

File Edit View Options Help

Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

AMN DOB:22 Aug 1936

Physician Shortcuts Search Patient List Appointments Telephone Cons Alert Review Health History Previous Encou Clinical Notes Problems Meds Lab Radiology Demographics S/O Vital Signs Revit Flowsheets A/P Order Entry Med Order Entry Lab Procedure Disposition Army Readiness CHCS-I Reports Template Manag Consult Log

enc--gen medicin template-- AutoNeg ROS/HPI History FamHist Prompt I Prompt ListSize 1

Entry details for current selection

Cough

Duration (numeric) Value Unit

2) Select Prompt button

1) Highlight symptom you wish to expand (Could use Find Term to locate symptom if needed)

**Templates (Diagnoses, Syndromes And Conditions)**

<input type="checkbox"/>	feeling tired or poorly
<input type="checkbox"/>	fever [as symptom]
<input type="checkbox"/>	recent change in weight
<input type="checkbox"/>	pain control techniques
<input type="checkbox"/>	headache
<input type="checkbox"/>	eyesight problems
<input type="checkbox"/>	loss of hearing
<input type="checkbox"/>	nasal discharge
<input type="checkbox"/>	chest pain or discomfort
<input type="checkbox"/>	difficulty breathing (dyspnea)
<input type="checkbox"/>	awakening at night shortness of breath (orthopnea)
<input checked="" type="checkbox"/>	cough
<input type="checkbox"/>	wheezing [as a symptom]
<input type="checkbox"/>	increased appetite (polyphagia)
<input type="checkbox"/>	nausea
<input type="checkbox"/>	vomiting
<input type="checkbox"/>	abdominal pain
<input type="checkbox"/>	black or tarry stools (melena)
<input type="checkbox"/>	diarrhea
<input type="checkbox"/>	constipation
<input type="checkbox"/>	pain during urination (dysuria)
<input type="checkbox"/>	frequent, full-bladder emptying (polyuria)
<input type="checkbox"/>	blood in the urine
<input type="checkbox"/>	excessive thirst / fluid intake (polydypsia)

**Chief complaint**

COUGH

COUGH, RUNNY NOSE, FEVER TO 100.6

**Past medical/surgical history**

**Reported History:**

No past medical history reported.

**Diagnosis History:**

No asthma

**Personal history:**

Behavioral history

**\*\*For AIM Form users, the process to access Prompt is outlined on the next slide...**

Start 2 Micr... C:\Docu... STACKL... wramib... Hotel D... LIST OF... 2 Micr... 9:04 AM

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File Edit View Options Help

Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

AB DOB:03 May 1991

AutoNeg

Exam Well Woman Misc Minor

Note View

From an AIM form, you cannot access Prompt directly, but can access it by going to the **Note View** which will take you to the Medcin Tree page (see prior slide for directions on use)

To get to Prompt, Select NOTE VIEW

REMINDER: Include pertinent positives and negatives as related to HPI/Purpose of visit here

Neck Symptoms

Stiffness

Swollen glands

Cardiovascular Symptoms

Palpitations

Chest pain

Gastrointestinal Symptoms

Abdominal pain

Blood in stool

Nausea

Vomiting

Diarrhea

Swelling/Bloating

Constipation

Decrease in appetite

Heartburn

Genitourinary Symptoms

Dysuria

Polyuria

Urinary incontinence

Nocturia

Genitourinary Symptoms (con't)

Sexual dysfunction

Skin Symptoms

Lesions

Nails

Breast Symptoms

Discharge

Warmth

Lump

Musculoskeletal Symptoms

Dizziness

Memory lapses or loss

Sensory disturbances

Poor coordination

Frequently becoming lost

Freq. questions about recent events

Frequent falls while walking

Spinning dizziness (vertigo)

Pulmonary Symptoms

Cough

Wheezing

Difficulty breathing

Night sweats

Psychological Symptoms

Depression

Loss of Pleasure

Sleep disturbances

Hematologic Symptoms

Easy bruising tendency

Endocrine Symptoms

Additional Review of Systems Information:

ADVISORY: Only use the ROS button if absolutely sure the information has to be under HPI.

Reports

Tools

Web Browser

CHCS-I

Immunizations Admin

TEST, PATIENT

Demographics

Health History

Problems

Meds

Allergy

Wellness

Immunizations

Vital Signs Review

PKC Couplers

Readiness

Patient Questionnaire

Army Readiness

Lab

Radiology

Clinical Notes

Previous Encounters

Flowsheets

Current Encounter

Screening

Vital Signs Entry

S/O

A/P

Start

Inbox - Microsoft Outlook

D:\Conference Present...

AHLTA OVERVIEW.ppt

Default Encounter Tem...

STACKLE, MARK E: Milit...

3:32 PM

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File Edit View Go Tools Actions Help

Search Patient List Appointments Telephone Consults Alert Review Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

QQQQQQQ, QQQQQQQ 20/800-36-0822 69yo F AMN DOB:22 Aug 1936

Physician Shortcuts

- Search
- Patient List
- Appointments
- Telephone Cons
- Alert Review
- Health History
- Previous Encou
- Clinical Notes
- Problems
- Meds
- Lab
- Radiology
- Demographics
- S/O
- Vital Signs Rev
- Flowsheets
- A/P
- Order Entry Med
- Order Entry Lab
- Procedure
- Disposition
- Army Readiness
- CHCS-I
- Reports
- Template Manag
- Consult Log

<< >> <No Template Selected>

Entry details for current selection

Cough

Now select HPI, PMH, ROS and PE to yield related bullets

Duration (numeric) Onset Modifier

Value Unit

List of bullet items can be increased/decreased using List Size (up to 3 levels)

ListSize 1

HPI

feeling terrible

feeling tired or poorly

feeling poorly (malaise) started suddenly

fever [as symptom]

fever started suddenly

chills [as a symptom]

chills which shake the whole body [rigor - as a symptom]

chills started suddenly

recent weight loss [\_\_\_ lbs] [reported]

headache

eye pain worse with movement

watery discharge from eyes

red eyes

nasal discharge

nasal discharge watery

nasal discharge mucinous

nasal passage blockage (stiffness)

sneezing

sore throat

chest pain or discomfort

feeling congested in the chest

difficulty breathing (dyspnea)

recent difficulty breathing started suddenly

rapid breathing

cough

Chief complaint

The Chief Complaint is: COUGH

Reason for Visit

Visit for: 3 DAY H/O COUGH, RU

History of present illness

The Patient is a 69 year old female.

- Cough

Past medical/surgical history

Reported History:

No past medical history reported.

Diagnosis History:

No asthma

Personal history

Behavioral history: Tobacco use

Start

Inbox - Microsoft O...

C:\Documents and S...

AHLTA ENCOUNTER...

STACKLE, MARK E: ...

2:45 PM

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File Edit View Go Tools Actions Help

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Physician Shortcuts Search Patient List Appointments Telephone Cons Alert Review Health History Previous Encou Clinical Notes Problems Meds Lab Radiology Demographics S/O Vital Signs Rev Flowsheets A/P Order Entry Med Order Entry Lab Procedure Disposition Army Readiness CHCS-I Reports Template Man Consult Log

Entry details A recent U

ROS/HPI History FamHist Prompt I Prompt ListSize 2

Duration (numeric) Onset Modifier Value Unit

HPI PMH ROS PE Tests Browse

ip... (History)

- difficult endotracheal tube intubation
- recurrent upper respiratory infections (URI)
- recent upper respiratory infection (URI)
- recent cardiac arrest
- exposed to metal fumes
- exposed to chemical vapors
- exposure to smoke
- swallowing small object
- reported head trauma
- massive trauma
- patient was observed to choke
- recent drowning
- smoking
- smoking cigarettes for \_\_\_\_ pack-years
- symptoms started when the local season was winter
- symptoms started when the local season was winter-spring
- symptoms started when the local season was spring
- symptoms started when the local season was fall
- symptoms started when the local season was fall-winter
- history of CONGESTIVE HEART FAILURE
- history of ACUTE BRONCHITIS
- history of ASTHMA
- history of BRONCHIOLITIS
- history of CHRONIC OBSTRUCTIVE PULMONARY DISEASE

**Chief complaint**  
[The Chief](#) Complaint is: COUGH

**Reason for Visit**  
[Visit](#) for: 3 DAY H/O COUGH, RUNNY NOSE, FEVER TO 100.6

**History of present illness**  
The Patient is a 69 year old female.  
• [Cough](#)

**Past medical/surgical history**

**Reported History:**  
[No past](#) medical history reported.

**Diagnosis History:**  
[No asthma](#)

**Personal history**  
Behavioral history: [Tobacco](#) use

Start Inbox - Microsoft O... C:\Documents and S... AHLTA ENCOUNTER... STACKLE, MARK E: ... 2:48 PM

STACKLE, MARK E: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Search Patient List Appointments Telephone Consults Alert Review Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

QQQQQQQ, QQQQQQQ 20/800-36-0822 69yo F AMN DOB:22 Aug 1936 Options

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<< >> <No Template Selected> AutoNeg ROS/HPI History FamHist Prompt I Prompt ListSize 1

Entry details for current selection

Vital signs:

Duration (numeric) Onset Modifier

Value Unit

Note relevant Physical Exam bullets for cough

PE

- Shin (rigor)
- Respiration Rate
- Chyphnea
- Pulse Rate
- Tachycardia (By Pulse Measurement)
- Systolic Blood Pressure
- Diastolic Blood Pressure
- Nasal Discharge Rhinorrhea
- Flaring Nasal Alae
- Odor Of Breath Fetor Oris
- Carious Teeth
- Pharynx Inflammation
- Vocal Fremitus Increased
- Auscultation Bronchial Breath Sounds
- Auscultation Bronchophony
- Auscultation Egophony
- Auscultation Wheezing
- Wheezing Unilaterally
- Auscultation Prolonged Expiratory Time
- Adventitious Sounds Rales / Crackles
- Rales / Crackles Wet
- Tachycardia (By Auscultation)
- Cyanosis, Generalized
- Tenderness Muscles
- Level Of Consciousness

**Chief complaint**

[The Chief](#) Complaint is: COUGH

**Reason for Visit**

[Visit](#) for: 3 DAY H/O COUGH, RUNNY NOSE, FEVER TO 100.6

**History of present illness**

The Patient is a 69 year old female.

- [Cough](#)

**Past medical/surgical history**

**Reported History:**

[No past](#) medical history reported.

**Diagnosis History:**

[No asthma](#)

**Personal history**

Behavioral history: [Tobacco](#) use

Start Inbox - Microsoft O... C:\Documents and S... AHLTA ENCOUNTER... STACKLE, MARK E: ... 2:50 PM

AIM - 838 ONLY FP--Gene

AutoNeg ROS/HPI History FamHist Prompt I Prompt ListSize **Form View**

Back Button

If you wish to return to an AIM form that you were using after using Prompt, then either:

- 1) Select the Back Button OR
- 2) Select Form View

Form View

Templates (Diagnoses, Syndromes)

**Symptoms**

Visit For:

- visit for: examination
- visit for: comprehensive medical evaluation
- visit for: sterilization
- visit for: follow-up exam
- visit for: medication refill
- referred here [use for free text]
- History Unobtainable - ROS
- PMH reviewed
- source of patient information was
  - source of patient information was patient
  - source of patient information was family member
- reliability of source of patient information
- patient accompanied
  - patient accompanied by wife
- HPI [use for free text]
- military service branch Army
- military service branch Navy
- military service branch Air Force
- military service branch Marine Corps
- military service status visit is deployment-related
- military service status visit is GWOT-related
- systemic symptoms





# For More Information...



- AMEDD AHLTA Homepage
  - <https://www.us.army.mil/suite/page/406> (AKO password required)
- USAFP AHLTA Home Page
  - <http://www.usafp.org/CHCS-II-AHLTA-Information-FAQs.htm>
- AHLTA Video Tutorials
  - <http://www-nmcp.mar.med.navy.mil/AHLTA/AHLTA%20Training%20Tools/index.html>

I would appreciate any feedback or suggestions you have for future **AHLTA 2 Minute Pearls**. Please contact me at the following:

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AMEDD AHLTA Program Office  
“Enhancing The Excellence Of Military  
Health Care”